

# Instructions for the Drycleaning Facilities Annual Registration Form

Submit a completed Annual Registration Form to the Department by January 31st of each year. In addition, a revised form must be submitted within 30 days after commencement of operations, or within 30 days of a significant change in the facility. A change in information which requires filing a revised registration form includes the following: a change in ownership or other information (identified in Section 2. of the registration form), or a change or upgrade/repair of equipment. Appropriate documentation supporting the change must be submitted along with the revised registration. Abandoned drycleaning facilities should complete the following sections: Registration Type, Facility Information, Site Information, Registration Fees, and Certification.

## THIS FORM MUST BE COMPLETED FOR EACH DRYCLEANING LOCATION

1. Indicate by circling if this is an initial, revised, or renewal registration. In addition, indicate if this is an active drycleaning operation or an abandoned drycleaning facility. An abandoned facility means any real property premises or individual leasehold space on which a drycleaning facility formerly operated. Leave the registration number blank if submitting an initial registration, this will be completed by the Department.
2. Indicate the facility's name, address, city, state, zip code, county name, EPA ID number and the telephone number. Indicate the facility's mailing address if it is different than the location of the facility. Indicate the name, address, zip code and telephone number of the manager/operator, facility owner and property owner of the drycleaning facility. The manager/operator is the person who operates the facility including through a lease, contract or other form of agreement. The owner means the person or entity owning the drycleaning facility. The property owner means any individual or entity that is vested with any ownership, dominion, or legal or rightful title to the real property or control over the facility.
- 3 (a) Indicate if this is the initial registration for this location.  
(b) Indicate the date drycleaning operations began or will begin at this site.  
(c) If the facility previously operated at another location, indicate the location(s).  
(d) Indicate if the facility has floor drains. Indicate the distance from floor drains to drycleaning machines, solvent storage areas or solvent waste storage areas.  
(e) Identify the pick-up only site(s), if applicable, used by this facility or identify the additions or deletion of pick-up only sites.  
(f) For active drycleaning facilities. Indicate if, the facility is staffed by, a Certified Environmental Drycleaner (CED). Include a copy of the CED certificate along with the registration form and fee.  
(g) Indicate if there have been any operational changes in the past year. Complete section 7 in its entirety  
(h) Indicate if Section 6(a)-(d) represents all solvent purchased or obtained during the reporting period. If additional solvent was purchased or obtained or if the solvent surcharge fee was not paid indicate why.  
(i) Indicate if you sold or transferred solvent to another drycleaning facility. Indicate the date of the sale or transfer, the drycleaning facility and the quantity of solvent sold or transferred.
4. To calculate the number of full time equivalent (*FTE*) employees, complete the following steps. On line 1, enter the lesser of: (a) the total number of hours worked by all employees at the facility (including both full time and part time employees) for calendar year 1999 or (b) the total hours since the facility began operations. You may exclude the manager of the facility if he/she is also an owner of the facility. Hours worked by employees who are not working at or from a site where drycleaning operations are performed, such as hours worked by employees located on a separate site used only as a pick-up/drop-off facility or business office may also be excluded. On line 2, enter the number of weeks the facility operated during the reporting period (used in a or b above). Divide the total hours (line 1) by the number of weeks (line 2) and enter the amount on line 3. Divide the number on line 3 by 40, and enter the amount in line 4. *This formula calculates the average weekly hours which divided by 40 yields the number of full time equivalent employees.* The FTE amount should be rounded to the nearest whole number (i.e., .1 to .4 would round down while .5 to .9 would be rounded up). **WARNING:** Intentional misrepresentation of the number of full time equivalent employees will be considered a violation of the "Tennessee Drycleaner's Environmental Response Act" (TCA 68-217-101 et seq.) and may disqualify you for fund eligibility, and may also subject you to penalties under the Act. Based on the table below, indicate the registration fee in the space provided in Section 4.

The registration fee is as follows:

<u>FTE's</u>	<u>FEE</u>
4 or less	\$500
5 to 10	\$1,000
11 or more	\$1,500
abandoned facility	\$1,500

5. The owner/manager or an authorized representative of the drycleaning facility must sign, include their title and the date signed. For a **corporation**, a responsible corporate officer should sign the registration form. A responsible corporate officer means: a president, secretary, treasurer, vice-president or any other person who performs similar policy or decision making functions for the corporation. For a **partnership** or **sole proprietorship**, the registration form should be signed by the general partner or the proprietor.
6. Use the format in the Solvent Purchases section to report solvent purchases for calendar year 1999. Indicate the purchases for each calendar quarter (i.e. Jan.-Mar., Apr.-Jun., etc.). Use the table below to determine if a solvent is a nonhydrocarbon or hydrocarbon. This table is not meant to be exhaustive and therefore does not exempt the sale of drycleaning solvents, not listed, from the solvent surcharge fee.

**Nonhydrocarbon solvents**

tetrachloroethene, tetrachloroethylene, perchloroethylene, PCE, "perc"  
trichloroethylene, TCE  
trichloroethane, TCA  
trichlorotrifluoroethane, Freon 113, CFC 113

**Hydrocarbon solvents**

stoddard, safety solvent  
varsol  
mineral spirits  
spotting Naphtha

- 6 (a)-(d) For each calendar quarter, identify the supplier(s) and the total quantity (gallons) of nonhydrocarbon and/or hydrocarbon solvent purchased from each solvent supplier. Indicate the total quantity for each type of solvent purchased from all suppliers/distributors for the calendar quarter.

**NOTE: If you report no solvent purchased or obtained during 1999 indicate how you operated without additional solvent and indicate your solvent inventory during the year and your solvent storage capacity.**

If the response to item 3(a) and/or 3(g) was "yes", complete section 7

**MAKE ADDITIONAL COPIES of PAGE 2 to COMPLETE for EACH DRYCLEANING MACHINE**

- 7 (a) Indicate the number of drycleaning machines in use or usable at the facility. Indicate the alphabetic character for the specific machine, which is being reported (i.e. a, b, c, etc)
- (b) Indicate the age of the machine and when the machine was placed into operation at this site and the type of solvent used in the machine.
- (c) Indicate the machine type. If other, please explain.
- (d) Indicate if you have upgraded or repaired (within the past year) existing/older equipment. Indicate the date, type of upgrade/repair, and the company that completed the upgrade or repair. Be very specific especially if the upgrade/repair related to solvent containment or recovery (i.e., closed loop or non-vented technology which are self contained machines that do not allow solvents to be released in the facility or out of the facility through a vent).
- (e) Indicate (with a check or mark) how the solvent is obtained from the supplier. If more than one method is used, indicate the approximate percentages of each method.
- (f) Indicate the machine's recommended load capacity and the normal processing weight per load.
- (g) Indicate the average number of loads processed by the machine each day of operation.
- (h) Indicate how wastes are handled/disposed by placing a "✓" in all applicable spaces. Use additional spaces for wastes not already identified on the form. If the wastes are handled by a hazardous waste disposal company, indicate the company name in the space provided.
- (i) Indicate if there is a containment area around the machine, and, if so, what the capacity of the containment area is and the construction material of the containment area.

**THE FACILITY IS RESPONSIBLE FOR MAINTAINING RECORDS WHICH SUPPORT THE INFORMATION REPORTED ON THIS FORM. THESE RECORDS SHALL BE AVAILABLE TO THE DEPARTMENT FOR REVIEW.**

If you have any questions, contact the Tennessee Drycleaner Environmental Response Program at (615) 741-2281. Make checks payable to: "Treasurer, State of Tennessee" for the total registration fee and submit along with the registration form in the enclosed envelope to:

State of Tennessee  
Department of Environment and Conservation  
Division of Fiscal Services – Fee Section  
401 Church Street 18<sup>th</sup> Floor  
Nashville, TN 37243-0438